TILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

		Δ.	
Attorney Docket No.	35.C15582	, 016	
First Name	d Inventor or Application Identifier	0.00	
HISAO TAJIMA ET AL.		36	
Express Mail Label No.		20	

				Express Mail	Label No.			
	See MPE	APPLICATION ELEMI EP chapter 600 concerning utility pater		s. ADDR	ESS TO:	Box Pate	sioner for Patents int Application ton, DC 20231	
	1.	Fee Transmittal Form (Submit an original, and a duplicate for fee	processing)	7.	CD-ROM o	r CD-R in duplicat	e, large table or Com	puter
	2	Applicant claims small entity status. See 37 CFR 1.27.		8.		and/or Amino Acide, all necessary)	d Sequence Submissi	ion
	3. X	Specification Total F	Pages 106			Computer Readab	ie Form (CRF)	
	4. X	Drawing(s) (35 USC 113) Total S	Sheets 12			ation Sequence Li CD-ROM or CD-R	_	
	5.	Oath or Declaration Total F	Pages			paper	, , ,	
		a. Newly executed (original or	сору)			· · · · · · · · · · · · · · · · · · ·	ng identity of above co	pies
0		b. Copy from a prior application	on (37 CFR 1 63(d))		ACCOM	PANYING APPLIC	CATION PARTS	The state of the s
-		(for continuation/divisional wi		9.	Assignment	Papers (cover shee	t & document(s))	
		i. <u>DELETION OF IN</u> Signed Statement	attached deleting	10.		(b) Statement e is an assignee)	Power of A	ttorney
		inventor(s) named 37 CFR 1.63(d)(2)	in the prior application and 1.33(b).	, see 11.	English Tra	nslation Documer	t (if applicable)	
	6. X	Application Data Sheet. See 37 CFR	1.76	12.	Information Statement (Disclosure (IDS)/PTO-1449	Copies of Citations	IDS
1	i.			13	Preliminary	Amendment		
Эr.				14. X		eipt Postcard (MP specifically itemize		
				15.		ppy of Priority Doc priority is claimed)	ument(s)	
				16	Other:			
ļ								
ŀ	17. If a C	ONTINUING APPLICATION, check ap	opropriate box and si	upply the requisite	information:	117.1		
		Continuation Divisional Examiner		ation-in-part (CIP)				i
	considered	NUATION OR DIVISIONAL APPS only: 1 a part of the disclosure of the accompany	ing continuation or div	risional application a	nd is hereby in	n oath or declaratio corporated by refer	n is supplied under Boa	x 5b, is n <u>can only</u>
ŀ	pe relied u	pon when a portion has been inadvertently	omitted from the subr	nitted application pa	ırts.			
	x c	ustomer Number or Bar Code Label	(linsert Customer No	05514 or Attach bar code	abel here)	or Corres	pondence address below	w
İ	NAME			indicate a second				
	Address							
	City		State			Zip Code		
L	Country		Telephone			Fax		

۲,	ž
_	**
Heart.	
Harry St.	Street
£ 2	
	. 23

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Frank A. DeLucia			
SIGNATURE	Lynd Physia Regis. No. 42,476			
DATE	July 19, 2001			